1 Control number	55555	For Official Use Only OMB No. 1545-0008			
2 Payer's name, address			3 Payer's Federal identification number .	4 Payer's State number	
			5 State income tax withheld	6 Name of State	
			7 TA not Deceased Legal rep.	Subtotal Void	
8 Recipient's social secu	urity no. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
12 Recipient's name (firs	it, middle, last)		13	14 IRA code	
			For Paperwork Reduction Act N		
15 Recipient's address at	nd ZIP code		Copy A—For Social Se See Instructions for Forms W-2	ecurity Administration and W-2P and back of Copy D.	
Form W-2P 1984	State	ment for Recipients of ions, Rețired Pay, or If	f Annuities,	Department of the Treasury Internal Revenue Service	
1 Control number	55555	For Official Use Only OMB No. 1545-0008			
2 Payer's name, address			3 Payer's Federal identification number .	4 Payer's State number	
			5 State income tax withheld	6 Name of State	
			7 TA not Deceased Legal rep.	Subtotal Void	
8 Recipient's social secu	urity no. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
12 Recipient's name (firs	t, middle, last)		13	14 IRA code	
				1	
			For Paperwork Reduction Act No Copy A—For Social Se		
15 Recipient's address a			See Instructions for Forms W-2	and W-2P and back of Copy D.	
Form W-2P 1984	State Pensi	ment for Recipients of ions, Rețired Pay, or If	of Annuities, RA Payments	Department of the Treasury Internal Revenue Service	
1 Control number	55555	For Official Use Only OMB No. 1545-0008			
2 Payer's name, address			3 Payer's Federal identification number .	4 Payer's State number	
			5 State income tax withheld	6 Name of State	
			7 TA not Deceased Legal rep.	Subtotal Void	
8 Recipient's social secu	urity no. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
12 Recipient's name (first, middle, last)			13	14 IRA code	
			For Danomunt Doduction Act N	ntice see the back of Conv.D.	
			For Paperwork Reduction Act Notice, see the back of Copy D. Copy A—For Social Security Administration		
15 Recipient's address a	nd ZIP code		See Instructions for Forms W-2	and W-2P and back of Copy D.	

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1 Control number		OMB No. 1545-0008			
2 Payer's name, address, and 2	IP code	1	3 Payer's Federal identification number 4 Payer's State number		
			5 State income tax withhel	d 6 Name of State	
			7 TA not Deceased Leg		Void
8 Recipient's social security no	. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income	tax withheld
12 Recipient's name, address, a	nd ZIP code		13	14 IRA code	
Form W-2P 1984		ment for Recipients o	Employee's copy a	ite, City, or Local T nd employer's copy con	
1 Control number	Pensi	ons, Retired Pay, or I			
		OMB No. 1545-0008			
2 Payer's name, address, and ZIP code			3 Payer's Federal identification r	umber 4 Payer's State	number
			5 State income tax withhel	d 6 Name of State)
			7 TA not Deceased Leg	al Subtotal	Void
8 Recipient's social security no	. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income	tax withheld
12 Recipient's name, address, a	nd ZIP code		13 14 IRA code		
			Copy 1—For Sta	ite, City, or Local T	ax Dept.
	Ctata	mant for Decisionts		nd employer's copy con	npared 🗌
Form W-2P 1984	Pensi	ment for Recipients o ons, Retired Pay, or I	RA Payments		
1 Control number		OMB No. 1545-0008			
2 Payer's name, address, and Z	IP code	l	3 Payer's Federal identification r	umber 4 Payer's State	number
			5 State income tax withhel	d 6 Name of State	
			7 TA not Deceased Leg	al Subtotal	Void
8 Recipient's social security no	. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income	tax withheld
12 Recipient's name, address, a	nd ZIP code		13	14 IRA code	
			Copy 1—For Sta	te, City, or Local T	ax Dept.
				nd employer's copy con	

1 Control number		OMB No. 1545-0008			
2 Payer's name, address	s, and ZIP code		3 Payer's Federal identification number	er 4 Payer's State number	
			5 State income tax withheld	6 Name of State	
			7 TA not Deceased Legal rep.	Subtotal Void	
8 Recipient's social security no. 9 Gross annuity, pension, etc.			10 Taxable amount	11 Federal income tax withheld	
2 Recipient's name, add	ress, and ZIP code		13	14 IRA code	
	Ct. L.	16 2	This information is being furnished	ient's FEDERAL tax returned to the Internal Revenue Service	
Form W-2P 1984	State Pensi	ment for Recipients o ons, Retired Pay, or I	f Annuities, RA Payments	Department of the Treasur Internal Revenue Servic	
1 Control number		OMB No. 1545-0008			
2 Payer's name, address	s, and ZIP code		3 Payer's Federal identification number 4 Payer's State number		
			5 State income tax withheld	6 Name of State	
			7 TA not Deceased Legal rep.	Subtotal Void	
8 Recipient's social secu	urity no 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
Necipient 3 30ciai 3ect	inty no. 3 dross	amulty, pension, etc.	10 Taxable amount	11 Tederal income tax withheld	
12 Recipient's name, add	ress, and ZIP code		13 14 IRA code		
			1	ient's FEDERAL tax return d to the Internal Revenue Service	
orm W-2P 1984	State Pensi	ment for Recipients o ons, Retired Pay, or I	f Annuities, RA Payments	Department of the Treasur Internal Revenue Servic	
1 Control number		OMB No. 1545-0008			
2 Payer's name, address	s, and ZIP code	L	3 Payer's Federal identification number	4 Payer's State number	
			5 State income tax withheld	6 Name of State	
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8 Recipient's social secu	urity no. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
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				ient's FEDERAL tax returned to the Internal Revenue Service	

1 Control number			OMB No. 1545-0008		
2 Payer's name, address	s, and ZIP co	ode		3 Payer's Federal identification number	4 Payer's State number
				5 State income tax withheld	6 Name of State
				7 TA not Deceased Legal rep.	Subtotal Void
8 Recipient's social secu	urity no. S	9 Gross a	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld
12 Recipient's name, address, and ZIP code				13	14 IRA code
				Copy C—For Rec	cipient's Records ed to the Internal Revenue Service
Form W-2P 1984		Staten Pensio	nent for Recipients on ons, Retired Pay, or II	f Annuities, RA Payments	Department of the Treasu Internal Revenue Servio
1 Control number			OMB No. 1545-0008		
2 Payer's name, address	s, and ZIP co	ode		3 Payer's Federal identification number	4 Payer's State number
				5 State income tax withheld	6 Name of State
				7 TA not Deceased Legal rep.	Subtotal Void
8 Recipient's social secu	urity no. 9	9 Gross a	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld
12 Recipient's name, add	ress, and ZI	IP code		13	14 IRA code
				Copy C—For Rec	cipient's Records
				This information is being furnished	ed to the Internal Revenue Service
Form W-2P 1984		Staten Pensio	nent for Recipients o ons, Retired Pay, or II	or Annuities, RA Payments	Department of the Treasu Internal Revenue Servic
1 Control number			OMB No. 1545-0008		
2 Payer's name, address	, and ZIP co	ode		3 Payer's Federal identification number	4 Payer's State number
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				Copy C—For Rec	cipient's Records ed to the Internal Revenue Service

Notice to Recipient:

If you have nonwage income of more than \$500 and will owe tax of \$400 or more (\$500 for 1985), you should file Form 1040-ES, Estimated Tax for Individuals, and pay the tax in installments during the year. You can, instead, increase the withholding from your pension or annuity. To arrange this, please file **Form W-4P**, Withholding Certificate for Pension or Annuity Payments, with the payer.

You may also elect not to have income tax witheld from your pension or annuity. (You may revoke this election at any time.) See Form W-4P for details.

If the amount shown in box 9 is a payment from an IRA, box 14 has a code number showing the reason for the payment. The code is a four-digit number starting with 555. The fourth digit shows the reason for the payment. The codes are: 1 for premature (other than for

disability or death); 2 for rollover; 3 for disability; 4 for death; 6 for other; 7 for normal; 8 for excess contributions plus earnings on such excess contributions; and 9 for transfer to an IRA for a spouse, incident to divorce.

If there is no entry in box 10, Taxable amount, the payer probably does not have all the facts needed for figuring the taxable amount. Since only the taxable amount is includible in income, you may want to get one of the following publications from an IRS office to help you figure the taxable amount:

Publication 567, U.S. Civil Service Retirement and Disability;

Publication 571, Tax-Sheltered Annuity Programs for Employees of Public Schools and Certain Tax-Exempt Organizations;

Publication 575, Pension and Annuity Income.

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2 Payer's name, address	s, and ZIP code		3 Payer's Federal identification number	4 Payer's State number
			5 State income tax withheld	6 Name of State
			7 TA not Deceased Legal rep.	Subtotal Void
8 Recipient's social secu	rity no. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld
12 Recipient's name, add	ress, and ZIP code		13	14 IRA code
			Employee's copy and emplo	ith recipient's State, City, ome Tax Return yer's copy compared
Form W-2P 1984	State Pensi	ment for Recipients of ons, Retired Pay, or IF	f Annuities, RA Payments	
1 Control number		OMB No. 1545-0008		
2 Payer's name, address	s, and ZIP code		3 Payer's Federal identification number	4 Payer's State number
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8 Recipient's social secu	rity no. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld
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2 Payer's name, address	s, and ZIP code		3 Payer's Federal identification number	4 Payer's State number
			5 State income tax withheld	6 Name of State
			7 TA not Deceased Legal rep.	Subtotal Void
8 Recipient's social secu	rity no. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld
12 Recipient's name, address, and ZIP code			13	14 IRA code
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			5 State income tax withheld	6 Name of State
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Form W-2P 1984	State Pensi	ment for Recipients of ons, Retired Pay, or IF	f Annuities, RA Payments	Department of the Treasury Internal Revenue Service
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			Copy D—F	or Payer
Form W-2P 1984		ment for Recipients of ons, Retired Pay, or IF		Department of the Treasury Internal Revenue Service
1 Control number		OMB No. 1545-0008		p., 100 p. 100 p
2 Payer's name, address	s, and ZIP code	L	3 Payer's Federal identification number	4 Payer's State number
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			Copy D—F	or Payer

1 Control number

Instructions

Please use this form to report payments under a retirement plan. Examples are pensions, retainer pay, annuities under a purchased contract, and payments from individual retirement accounts or annuities. See separate **Instructions for Forms W-2 and W-2P** for more information on how to complete Form W-2P.

Use Form W-2 to report payments that are subject to social security (FICA) tax.

You need not file Form W-2P for the following cases: (a) You paid retirement benefits that are exempt from tax such as Veterans Administration payments. (b) You made payments as a fiduciary, filed Form 1041, and gave each beneficiary a Schedule K-1 (Form 1041). (c) You made total distributions reported on Form 1099-R.

Paperwork Reduction Act Notice.—We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

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